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<sup>26294</sup> TAROLLI, SU	TH STREET, SUIT	LL & TUMMING		Certificate	of Mailing or Transn			
		OCT PARTIES	0 9 2008	Meryl E. (10/1/08	eouph	(Depositor's name) (Signature) (Date)		
APPLICATION NO. FILING DATE			FIRST NAMED INVENTO		ATTORNEY DOCKET NO.			
10/749,621 TITLE OF INVENTION	12/30/2003 : EXCESS LEAD RETA	INING AND MANAGE	Ali R. Rezai EMENT DEVICES AND N	•	26336-10067 ME	8232		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$720	\$300	\$0	\$1020	10/09/2008		
EXAMINER ART UNIT		CLASS-SUBCLASS	10/09/2008 MGEBREM2 00000086 10749621					
ALTER MORSCHAUSER, ALYSSA MARGO		3762	607-115000	01 FC:2501 02 FC:1504	755.00 OP			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).      Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.      "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON The Correspondence address and the correspondence address and the correspondence address.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THE PATENT (print or type)					
	less an assignee is ident h in 37 CFR 3.11. Comp		data will appear on the p T a substitute for filing an			cument has been filed for		
The Cleve	eland Clinic	e Foundation categories (will not be p	Clevela	nd, Ohio Individual 🛭 Corporati	on or other private gro	up entity Government		
4a. The following fee(s)  XX Issue Fee  XX Publication Fee (N	No small entity discount p		b. Payment of Fee(s): (Plee A check is enclosed. Payment by credit can be Director is hereby overpayment, to Depo	rd. Form PTO-2038 is atta authorized to charge the sit Account Number 20 -	ched.	·		
	s SMALL ENTITY state	is. See 37 CFR 1.27.		ger claiming SMALL EN				
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte tes Patent and Trademark	ed from anyone other than a confice.	he applicant; a registered a	attorney or agent; or the	e assignee or other party in		
Authorized Signature	Kil		<u></u>	Date 10/7/	08			
Typed or printed nam	eRichard S	S. Wesorick		Registration No. 40	,871			
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3.				Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
26294	7590 07/09/		_		e of Mailing or Trans	mission		
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		OCT OS	2008	Meryl E.	Greff	(Depositor's name)		
	•	O A	ar office	- Cent	e duff	(Signature)		
	<del>-</del>			10/7/0	VV	(Date)		
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.			
10/749,621	12/30/2003		Ali R. Rezai		26336-10067	8232		
TITLE OF INVENTION:	EXCESS LEAD RETA	INING AND MANAGE	MENT DEVICES AND M	ETHODS OF USING SA	ME	•		
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EXAM	NER	ART UNIT	CLASS-SUBCLASS		•			
ALTER MORSCHAUSE	ER, ALYSSA MARGO	3762	607-115000					
. Change of corresponde	nce address or indication	n of "Fee Address" (37	2. For printing on the p	atent front page, list		li Cundhoim		
CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
. ASSIGNEE NAME AT	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or type	e)		<del> </del>		
PLEASE NOTE: Unle	ess an assignee is identi	ified below, no assignee	data will appear on the pa	ntent. If an assignee is i	dentified below, the d	ocument has been filed for		
(A) NAME OF ASSIC		nedon of this form is NO	(B) RESIDENCE: (CITY					
The Cleve	land Clinic	Foundation	<b>6</b> 1	_				
lease check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent):	nd, Ohio Individual 🛭 Corporat	ion or other private gro	up entity Government		
a. The following fee(s) a		•	b. Payment of Fee(s): (Plea					
	o small entity discount p	ermitted)	Payment by credit card. Form PTO-2038 is attached.					
Advance Order - #			The Director is hereby overpayment, to Depos	authorized to charge the	required fee(s), any de	ficiency, or credit any		
. Change in Entity Stat	us (from status indicated	i above)			<u> </u>	to the total of th		
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